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ABSTRACT

Part of a study of the link between learning disabilities (LD) and juvenile delinquency (JD), the paper reviews definitions and treatment principles. An introduction reviews definitions of the federal government (in regulations for P.L. 94-142, the Education for All Handicapped Children Act), of the Association for Children and Adults with Learning Disabilities, of laymen, and of the LD/JD project. A glossary is then presented along with a list of common manifestations of LD. A section on treatment decisions notes the indicators of LD, the rights and needs of LD youths, and treatment alternvatives. This is followed by a description of two alternative programs--an academic treatment approach using task analysis and a life skills training program focusing on getting and keeping a job and moving toward independent living. Appended material includes identification and medical history forms. (CL)

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DEFINITIONS - LEARNING DISABILITIES

FEDERAL DEFINITION

by Dorothy Crawford

"'Specific learning disability' means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage."

ACLD DEFINITION

In 1984, ACLD (Association for Children and Adults with Learning Disabilities) formed a committee to develop a global definition of the condition termed 'specific learning disabilities.' The definition was designed to describe the condition rather than by age group for programmatic purposes. The ACLD continues to support the Federal Definitions for use in identifying individuals for special services. The following is one of the proposed definitions and rationale:

Definition of the Condition: Specific Learning Disabilities

Specific Learning Disabilities is a chronic condition which exists alone in the presence of average to superior intelligence, adequate sensory and motor systems, and adequate learning opportunities. Specific Learning Disabilities is a distinct handicapping condition of presumed neurological origin which throughout life selectively interferes with the acquisition, processing, retrieval, and usage of information.

Specific Learning Disabilities varies in its manifestations and in degree of severity. It may affect attention, memory, reasoning, oral and written language, reading, mathematics, and non-verbal functions.

Specific Learning Disabilities affects self-esteem, education, vocation, socialization, and daily living activities.

Rationale for the Definition

SPECIFIC LEARNING DISABILITIES: Specific Learning Disabilities (SLD) was selected to emphasize the fact that this condition has multiple manifestations but is not one of

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condition has multiple manifestations but is not one of a generalized nature. Also, this is the term used in the Education of the Handicapped Act, the Education of All Handicapped Children Act, and the Rehabilitation Act of 1973, Section 504.

CHRONIC: was used to modify condition to define its persistence in spite of the apparent waxing and waning of its manifestations.

CONDITION: was made synonymous with SLD because it is a state of being. It is not merely a term nor does it affect only children, which some definitions suggest. The condition is defined, not the population.

EXISTS ALONE: denotes that Specific Learning Disabilities is a distinct handicapping condition but this does not preclude its co-existence with other handicaps.

AVERAGE TO SUPERIOR INTELLIGENCE: was used to indicate that the condition is not the same as generalized low learning ability. Because Specific Learning Disabilities selectively interferes with functions, composite scores on intelligence tests may not reflect true potential.

ADEQUATE SENSORY AND MOTOR SYSTEMS: was included to clarify the distinction of the condition from other known sensory and motor deficits.

DISTINCT: signifies that SLD is separate and different from any other handicap and that any required interventions must be uniquely designed.

HANDICAPPING: was used because the condition meets the definitional criteria contained in Section 504 of the Rehabilitation Act of 1973 and to emphasize possible eligibility for assistance under all federal legislation for persons with handicaps.

NEUROLOGICAL ORIGIN: was inserted because most professionals in the field have agreed the condition has a central nervous system basis.

PRESUMED: was used to modify "neurological origin" since there are not yet tools to determine origin definitively.

THROUGHOUT LIFE: was used to emphasize that the condition persists into and throughout adulthood and it begins the sentence to connote its early presence.

SELECTIVELY: was used to qualify the global concept of

"interferes" because the condition differentially affects abilities while leaving others unaffected.

INTERFERES: is the active verb because the condition does not necessarily destroy or delete function but may variously impair, alter, or redirect functions.

ACQUISITION, PROCESSING, RETRIEVAL, AND USAGE OF INFORMATION: were chosen as inclusive terms to emphasize not only receptive and expressive language problems, but also the conceptual and thinking difficulties, the integrating problems, and motoric problems. This is more descriptive and desirable than previous approaches which focused primarily on verbal and academic manifestations.

VARIES IN ITS MANIFESTATIONS: was selected to emphasize the heterogeneity of the population exhibiting Specific Learning Disabilities.

DEGREE OF SEVERITY: was inserted to clarify further the variance of the condition among the population and the variance in the extent to which it interferes with major life skills.

AFFECT: was the preferred verb rather than disrupts, damages, impairs, interrupts, etc., because the condition may depreciate the function of some abilities while other abilities may be enhanced through compensation.

ATTENTION, MEMORY, REASONING, ORAL AND WRITTEN LANGUAGE, AND NON-VERBAL FUNCTIONS: these are areas which may be impaired and result in dysfunction.

SELF-ESTEEM, EDUCATION, VOCATION, SOCIALIZATION AND/OR DAILY LIVING: were used to establish the potential influences of the condition not only on school achievement but also on areas of life such as family life, community living, selection of competitive employment, or even on learning.

LAYMEN'S DEFINITION

Learning Disabilities is an impairment or disorder of the central nervous system causing an entire syndrome of behaviors. Essentially, those persons with learning disabilities have average, above average intelligence, but receive inaccurate information through their senses and/or have trouble processing that information. Like static on a radio or a bad TV picture, the information becomes garbled as it travels from the eye, ear or skin to the brain.

LD/JD PROJECT OPERATIONAL DEFINITION

As part of the research and development effort on the relationship between learning disabilities and juvenile delinquency funded by the National Institute for Juvenile Justice and Delinquency Prevention, an objective definition of learning disabilities was developed by the National Center for State Court's LD/JD Project and the ACLD-R&D Project working in conjunction with the Educational Testing Service. According to this definition, learning disabilities (LD) are indicated by significant discrepancies among scores on a battery of psycho-educational tests. Scores from the Wechsler Intelligence Scale for Children -Revised, Woodcock Reading Mastery Test, KeyMath Diagnostic Arithmetic Test, and the Bender Motor Gestalt Test, together with ratings of test-taking difficulties observed by testers during the testing sessions, were used in an algorithm -- a computerized set of objective classification rules -- to make LD assessments.

In evaluating test performance, significant discrepancies between achievement expected on the basis of intelligence test scores and actual achievement as measured by criterion-referenced tests of reading and arithmetic, or between reading and arithmetic achievement, were taken as evidence of the presence of learning disabilities. The conceptual framework which guided the development of this assessment model assumed that the discrepancies reflected the interference of learning disabilities in mental processes related to receiving, associating, or communicating information (Campbell & Varvariv, 1979). By definition learning disabilities are distinct from learning problems associated primarily with physical handicaps, mental retardation, emotional disturbance, or socioeconomic disadvantage.

Learning disabilities classifications were made objectively and consistently in the LD/JD research project by the use of a computer algorithm. The computer program evaluated the following test and observational data:

1. Wechsler Intelligence Scale for Children-Revised (WISC-R) Scored for Witkin's three factors: Verbal Comprehension (VC), Analytic Functioning (AF), and Attention/Concentration (AC)

2. Woodcock Reading Mastery Test (WC - Total Score)

3. KeyMath Diagnostic Arithmetic Test (KM - Total Score)

4. Bender Visual Motor Gestalt Test (BG - Total Score, Kopitz Scoring)

5. Behavioral Observations (BO), Rating made by testers of pronounced characteristics indicative of learning disabilities, e.g., inability to concentrate.

The Witkin WISC-R factors and the Woodcock and KeyMath test scores were expressed in T-score units, derived standard scores with a mean of 50 and standard deviation of 10. Norms from the test publishers were used to derive the T-scores.

The operational definition of LD was made by the computer algorithm by evaluating the following sequence of decision rules:

1. A difference or discrepancy of 10 score points (11 when AC is compared with AF) within the three Witkin factors counted as 1 discrepancy toward the LD/non-LD decision. Only one discrepancy was counted from this source.

2. A difference of 15 score points between the reading and math counted as 1 discrepancy toward an LD decision.

3. A discrepancy of 10 score points between the reading score and any Witkin score counted as 1 toward an LD decision. Only one reading/Witkin discrepancy was counted.

4. A discrepancy of 15 score points between the math score and any Witkin score counted as 1 toward the decision. Only one math/Witkin discrepancy was counted.

5. If three discrepancies were accumulated according to these rules, the case was classified as LD.

6. If two discrepancies were present among the six comparison sets, and if any one of the following conditions was also present, the case was identified as LD:
   a. A Bender score of three or more
   b. Pronounced characteristics (a score of 1) in at least two of the testing observations
   c. Three or more occasionally observed characteristics (a score of 2) in the testing observations
   d. Three or more (a score of 1) pronounced characteristics in the behavioral observations

7. If only one profile discrepancy was present, and there was a score of three or more on the Bender and the presence of two or more pronounced behavioral characteristics, the case was classified as LD.

8. If no discrepancies were present but achievement T-scores of 40 or less and occasional or pronounced characteristics in behavioral observations of difficulty in following oral direction, of gross or fine motor difficulty, or difficulty in oral expression, or distractibility, and at least one score of 1 or 2 in the behavioral observation were present, and the WISC-R Full Scale score was at least 33, the case was classified LD.

9. All other cases were classified as non-LD.

10. All cases classifed as LD were reviewed for the presence of reading and math T-scores of 50 or greater or WISC-R Full Scale T-scores of 28 or less. These cases were reclassified as non-LD.

COMMON MANIFESTATIONS OF LEARNING DISABILITIES WITH A BRIEF GLOSSARY

Learning Disabilities is a very complex and puzzling handicapping condition. It covers a very wide spectrum of varying characteristics and manifestations which are most difficult to understand. It is this wide spectrum of characteristics that makes learning disabilities virtually "invisible" to untrained eyes. LD juveniles look the same as their peers but their actions and performance in certain situations set them apart.

One thing that can be said in all cases of learning disabilities is that it interferes with the ability of normally intelligent people to comprehend some and/or many parts of their environment. Learning disabilities is a barrier between intelligent minds and the world around them.

The following are some common manifestations of learning disabilities which may be seen in the court or impact on decisions by the various professionals who are in contact with these youths:

1. SHORT ATTENTION SPAN - forgetful and easily distracted.

2. DIFFICULTY FOLLOWING DIRECTIONS - loses track of spoken instructions after the first few words.

3. TROUBLE VOCALIZING A WORD - unless someone says it for him.

4. INABILITY TO DISCRIMINATE - among letters, numerals, or sounds.

5. POOR READING ABILITY OR COMPREHENSION - difficulty in learning and remembering printed symbols.

6. POOR EYE-HAND COORDINATION - especially in writing.

7. DIFFICULTY IN SEQUENCING - creates problem in remembering the sequence of events.

8. DISORGANIZATION - creating inability to organize time as well as inability to set realistic goals and objectives.

9. DIFFICULTY UNDERSTANDING ABSTRACT CONCEPTS - is manifested in differentiating between right and wrong, determining consequences of actions and inappropriate conclusions due to deficient reasoning ability.

10. POOR IMPULSE CONTROL - resulting in acting without careful thought and a need for immediate gratification.

11. DIRECTIONALITY DIFFICULTIES - resulting in problems understanding the concepts of left and right or up and down.

12. ANGERS QUICKLY - manifested many times because of frustration in situations which youth lacks control.

13. CLUMSY - results in walking into things and being accident-prone.

14. INDIFFERENCE OR LACK OF CONCERN - an LD juvenile may give the appearance that he is indifferent or not concerned over his actions. Many times it is because he does not perceive or understand the consequences of his actions or is unable to articulate his behavior.

If an adolescent exhibits a cluster of any of the above, he may have a learning disability. This should be investigated by either medical or trained clinical staff members before any further treatment decisions are made.

GLOSSARY

AGNOSIA: The inability to obtain information through one of input channels or senses, despite the fact that the receiving organ itself is not damaged.

AGRAPHIA: Inability to relate the mental images of words to the motor movements necessary for writing them.

ANOMIA: Inability to recall or remember words or the names of objects, persons and activities. Classically refers to difficulty in recalling nouns.

AUDITORY APHASIA: Cannot comprehend spoken words.

EXPRESSIVE APHASIA: Cannot remember the pattern of movements required to speak words even though one knows what he wants to say.

PARAPHASIA: Substitution of inappropriate words which maintain a structural relationship to words replaced.

APRAXIA: Inability to carry out a preplanned, purposeful sequence of movements necessary for word production or body movements, in the absence of paralysis.

AUDITORY ASSOCIATION (Auditory-vocal association): The ability to relate spoken words in a meaningful way.

AUDITORY COMPREHENSION DEFICITS:

- Slow rise time - misses the initial part of a message because the auditory system is slow in turning on.
- Noise build-up - responds appropriately to the initial part of the auditory message but loses the later parts.
- Retention deficit - exhibits poorer auditory comprehension as the length of the message increases.
- Information capacity deficit - person cannot receive and process auditory information at the same time.
- Intermittent auditory imperception - auditory processing abilities fade in and out in a random fashion.

AUDITORY DISCRIMINATION: Includes the ability to distinguish one speech sound from another.

AUDITORY MEMORY: Delayed recall of digits, words, sentences, etc.

AUDITORY PERCEPTION: The ability to recognize, interpret, and organize the sensory data received through the ear.

AUDITORY SEQUENTIAL MEMORY: The immediate recall of a sequence of like or unlike auditory stimuli.

CONCEPTUAL DISTORDER: A disturbance in the thinking process and in cognitive activities or a disturbance in the ability to formulate concepts.

CONCRETE: Related to the specific physical attributes of a stimulus. A concrete (vs. abstract) thinker exhibits an inability to generalize.

DECODING: The receptive habits in the language process (listening and reading).

DYSACUSIS: A hearing impairment which involves distortion of loudness/pitch not loss of hearing.

DYSCALCULIA: Difficulty in performing mathematical functions.

DYSFLUENCY (stuttering): Part or whole word repetitions; prolongations; hesitations; circulocutions; and/or word or phrase additions which interfere with a speaker's ability to communicate.

DYSGRAPHIA: Partial inability to express ideas by means of writing or written symbols. Usually associated with brain dysfunction. Extremely poor handwriting.

DYSKINESIA: Partial impairment of voluntary movement abilities resulting in incomplete movements, poor coordination, and apparently clumsy behavior.

DYSLEXIA: Partial inability to read, or to understand what one reads silently or aloud. Condition is usually, but not always associated with brain impairment.

DYSNOMIA: The inability to recall a word at will even though one knows the word and recognizes it when said to him.

DYSPRAXIA: Partial loss of the ability to perform purposeful movements in a coordinated manner in the absence of paralysis, cerebral palsy, or sensory loss.

DYSRHYTHYMIA: Abnormal speech fluency which is usually characterized by defective stress, breath control and intonation.

FIGURE-GROUND PERCEPTION: The ability to focus on an object without having the background or setting interfere with auditory, visual or tactual perception.

HYPERACTIVITY: Constant and excessive movement and motor activity.

HYPOACTIVITY: Pronounced absence of bodily movement and physical activity. Listless, lethargic.

IDEATIONAL AGRAPHIA: The inability to recall letter shapes.

IMPULSIVITY: The behavioral characteristic of acting upon impulse without consideration of the consequences of an action.

INTEGRATION: The organization of all the stimuli which are impinging on the organism at a given moment. All sensory modalities are working together.

LEFT-RIGHT DISCRIMINATION: This involves knowing the difference between left and right inside the body before projection is made outside.

MEMORY SPAN: The number of items that can be recalled immediately after presentation.

MODALITY: The pathways or sensory channels through which an individual receives information and thereby learns.

NEOGRAPHISM: Letters in written word bear no realtionship to word dictated.

ORIENTATION: The person's ability to locate himself in relation to the things surrounding him and/or to time.

PERCEPTION: The process of recognizing, organizing and interpreting sensory input.

PERCEPTUAL ORGANIZATION: A more or less systematic arrangement of relatively separate parts into a whole in order to fulfill a function. It involves voluntary attention and the ability to organize and join together in the mind's eye. Perceptual organization includes spatial orientation.

PROCESSING: Attention, reception, discrimination, association, organization/integration, retention, synthesizing, or application of sensory information.

REAUDITORIZATION: Repetition either orally or mentally of digits, words or sentences which have been heard.

RECEPTIVE LANGUAGE: The process of understanding verbal language, i.e., listening and reading.

RHYTHM: An inner awareness of time/space intervals projected through movement integration.

RIGIDITY: The act of clinging to certain acts, perceptions, or periods of inaction even though they cease to be appropriate.

SENSORY-MOTOR: The relationship between sensation and movement.

SPATIAL ORIENTATION: Awareness of space around the person in terms of distance, form, direction, and position.

TACTILE PERCEPTION: The ability to interpret and give meaning to sensory stimuli that are experienced through the sense of touch.

TEMPORAL: Pertaining to time or time relationships. The ability to recognize the limits of time with understanding.

VISUAL ASSOCIATION: The ability to relate visual information in a meaningful way.

VISUAL CLOSURE: Measures the perceptual interpretation of any visual object or thing when only a part of it is shown.

VISUAL MEMORY: The ability to reproduce visual stimuli from memory on a long-term basis.

VISUAL-MOTOR ABILITY: The ability to control body or hand movements in coordination with visual perception.

VISUAL PERCEPTION: The ability to recognize, interpret and organize the sensory data received through the eyes.

VISUAL SEQUENTIAL MEMORY: Immediate recall of a sequence of visual stimuli.

WORD-CALLING: Reading words with little or no understanding of the meaning or the contex.

TREATMENT DECISIONS

Indicators of Learning Disabilities

Research has shown that a high percentage of youths who are adjudicated delinquent have learning disabilities. Estimates range from 30 to 70 percent. In contrast, official school estimates of the incidence of learning disabilities (LD) are much lower. According to U. S. Department of Education statistics, approximately 5 percent of the school population is learning disabled. This suggests that most LD teenagers who come to the attention of the juvenile court will not have been diagnosed previously. Because the presence of learning disabilities has such important implications for processing, disposition, and treatment, the juvenile justice system bears a responsibility for trying to determine if a youth suffers from a learning disability.

At intake and during processing, probation officers, attorneys, and judges should be attentive to the telltale signs of LD. Teachers generally describe LD youngsters as immature, uneven in their progress in various subjects, extremely variable and unpredictable in their performance, unable to work independently, having short attention-span, easily distractible, hyperactive, poor memory, having difficulty with communication -- especially written. Most LD children have average to above average intelligence, but show a deficit in one or more academic areas or intellectual processes. Thus, court personnel can, through observation and information about school performance, make a good guess about the presence of learning disabilities. If the warning signs are present, then a full assessment for LD should be made.

A number of readily observable characteristics of learning disabled youths can aid court personnel in identifying youths who are potentially LD. The following is not an exhaustive list and its items do not implicate learning disabilities exclusively. However, it furnishes a helpful guide for those who have not been trained professionally to deal with LD.

Displays a Poor Memory for a Sequence of Events: Frequently, LD youngsters will have difficulty remembering a simple sequence of events. This causes problems in school and communicating in daily life. It can be a special problem for a child who must explain to the police and the court "what happened."

Asks to Have Questions Repeated: Since LD youths have difficulty comprehending, it is common for them to appear to fail to understand questions and to ask for them to be repeated. It is usually not a hearing problem, rather one of understanding the meaning of the language.

Shrugs his Shoulders When Addressed: Shrugging the shoulders often signifies a failure to understand. It can be misinterpreted as a sign of unconcern.

Does Not Read Aloud Well: Many LD youths have great difficulty in reading materials aloud. At intake this can be observed by asking the youth to read his rights aloud.

Does Not Comprehend What Is Read: Even when LD youths can articulate the words correctly, they have trouble understanding their meaning. Thus, even though the teen might be able to read aloud his rights as an accused, he or she may fail to really comprehend their meaning.

Displays Hyperactive Behavior: Hyperactivity is one of the most common signs of learning disabilities. In fact, it is frequently referred to as a learning disability. Short attention span and continuous activity are readily observable during intake and court proceedings.

Is Easily and Often Irritated: LD youths are frequently characterized as angry and aggressive. It is speculated that the great frustration they experience in trying to learn and communicate causes them to anger. Sometimes it is difficult for court officials to see beyond the aggressiveness to the learning problems which lead to it.

Is Clumsy: LD youths whose impairments are in the gross motor area have trouble with being clumsy.

Is Socially Awkward: Many youths who suffer from learning disabilities have difficulty interacting in social situations. They have problems understanding the situation, in communicating, and in controlling their behavior. Therefore, LD youths may appear uncooperative and abrasive when dealing with court personnel.

Has Difficulty Following Mulitple Directions: Because of memory and other cognitive processing deficits, LD children sometimes have trouble following more than one instruction given simultaneously.

Is Impulsive: Many LD youths cannot keep themselves from touching or handling objects or persons. This may be especially pronounced in a new or stimulating environment. They tend to respond quickly without thinking.

When youths are encountered who possess some or many of these characteristics, court personnel should seek additional testing and assessment information to determine if the child has an undiagnosed learning disability. It is always advisable as a first step that school records be obtained. In many in-

stances in which there is a "hidden handicap", the cumulative school record will contain repeated references to impaired performance or behavior problems of a certain type. Obtaining a brief medical history on each child is also advantageous. If the child has been under the care of a neurologist or psychiatrist may inform quickly that he or she has a problem the court needs to be aware of.

Rights and Needs of LD Youths

Children with learning disabilities experience difficult problems when they enter the juvenile justice system. Research has shown that they are at a disadvantage compared to non-learning-disabled youths who have commited the same offense. They are more likely to be arrested and adjudicated for engaging in the same criminal behavior as their non-LD peers.

It is important for intake and probation officers, prosecuting and defense attorneys, and juvenile judges to ask: does the accused LD youth understand the charges against him? Can he communicate his side of the story to his attorney? Can he describe what happened clearly enough so that his attorney can bring to the attention of the court all available defenses? Is he competent to testify? Can he make himself understood?

In many instances, the answers to the preceding questions will be negative. When this happens, the court needs to consider what special advocacy or procedures would help overcome some of the large disadvantages that the LD youth faces in the court proceedings. Some courts call upon parents and professionals with experience dealing with learning disabilities to volunteer to assist the youth and the court. At a minimum the court should take it upon itself to obtain complete diagnostic information that would make it aware of the youth's limitations and handicapping conditions.

Treatment Alternatives

What should the court do with learning-disabled youths who have gotten into trouble? For younger teenagers who do not have a long history of offenses or who are not excessively violent, the best treatment (rehabilitation, remediation) for learning-disabled delinquents will be community-based. In general, the court's disposition for LD delinquents will involve an educational component.

By working closely with the local school system, the court can provide remediation especially geared for the needs of learning-disabled delinquents. Under the requirements of PL 94-142, school systems must provide for the education of children handicapped by learning disabilities. This also applies to training schools and youth correctional faciilties. Thus, for the school-

age delinquents remedial services may be available from the local school system. Some courts have worked out special arrangements with school systems to provide for the needs of LD youths who have been adjudicated.

In some cases, however, problems in school may have been one of the underlying causes of the behavior problem. The court may have to order treatment from special service providers, such as tutoring programs. The court must be sensitive to the placement of the child. He or she should not be placed in a situation where continued frustration and failure are likely to result.

In addition to academic remediation, LD delinquents frequently need help in other areas. The results of the evaluation of the ACLD-R&D remediation program suggested that delinquency was reduced because of the relationship, or bonding, that developed between the LD delinquent and the learning disabilities specialist (teacher/counselor). Courts should be especially sensitive to the potential value of programs like Outward Bound and Partners for LD delinquents. Because of the social rejection that many LD youths have experienced, they respond very positively when they are accepted and develop an attachment to a caring older person or peer.

In many situations, the LD delinquent comes from a home environment which has been greatly stressed by the problems resulting over the years from the learning disability. Support for the family through family counseling often helps both family members and the LD delinquent understand the nature of the problem and to cope more effectively with it.

Finally, the court needs to be aware of the need for social skills training by LD youths. Some research suggests that improvement in social behavior can be achieved through well-designed programs and that it has positive implications for reduction of recidivism. Courts will have to look hard because few agencies offer this type of training at present. It would be desirable for the court to take the initiative in establishing such programs.

In deciding among dispositions and treatment alternatives, courts should understand the nature of learning disabilities and the kinds of remediation which are likely to have a beneficial impact. Because of the extreme diversity of learning disabilities and problems they cause, courts need to have available a variety of treatment alternatives. Judges should obtain expert advice whenever possible concerning the optimal placement for learning disabled delinquents.

EXCERPT FROM AN INTERVIEW WITH A JUVENILE COURT JUDGE,
THOMAS McGEE, JEFFERSON PARISH, LOUISIANA

Q. What can you, as a Family Court Judge, do to apply what you've learned within the court system?

A. We know that many of the delinquent children we see have never been diagnosed as learning disabled, and thus have never had proper remedial attention. The authors of the study I mentioned before have admitted that, with as little as one hour of remedial help each week, incidents of recidivism (returning to delinquent behavior) are reduced. My court, through our Court Related Services, has operated for three years a special school known as the Transitional Center. Multiple delinquent offenders with special learning problems are ordered to attend the school where they receive forty hours of remedial attention each week. The recidivism rate among these children has been virtually non-existent. We are now in the process of generating a lot of public and private support, so that we can expand this facility.

Q. What about your peers in the Juvenile Justice system? What recommendations would you make to them?

A. Every member of every community has a responsibility to understand, identify and provide for the special needs of the LD child. Juvenile Court Judges in every community should take it upon themselves to spearhead an effort aimed at educating and informing the public, and responding to the unique needs of LD children.

Within my jurisdiction, I intend to appoint lawyers to specifically advocate the needs of the LD child. As such, my Court will become a forum from which school systems will be encouraged to provide adequately for LD children.

DESCRIPTION - TWO ALTERNATIVE PROGRAMS

1. ACLD-R&D Project - Academic Treatment Model

This model provides direct instruction in the youth's functional areas of greatest learning deficiency, e.g., expressive language, reading or arithmetic. It adopts a performance-based educational model in which clear learning goals are established individually for each student. It is important to carefully choose materials compatible with the youth's strongest learning modality (visual, auditory, tactile or motor). The intent is to ameliorate deficits in basic academic skills rather than the learning disability. Lessons are outlined in detail using a task analysis approach (see Flow Chart). Entry level of remediation is determined by informal assessment and each task is broken down in minute steps; mastery of each step must be demonstrated before moving on to complete mastery of specific skills.

In order to assess performance and competencies of basic academic skills, we defined each area and developed a performance checklist as a guideline for making judgmental decisions following informal testing and observations.

Task Analysis Method of Instruction - Task Analysis is a method which breaks down into the smallest possible steps, a particular task we want a student to learn or master.

For example, to master dictionary skills, the tasks are:

1. Competency in alphabetizing.

2. Learn usage of guide words.

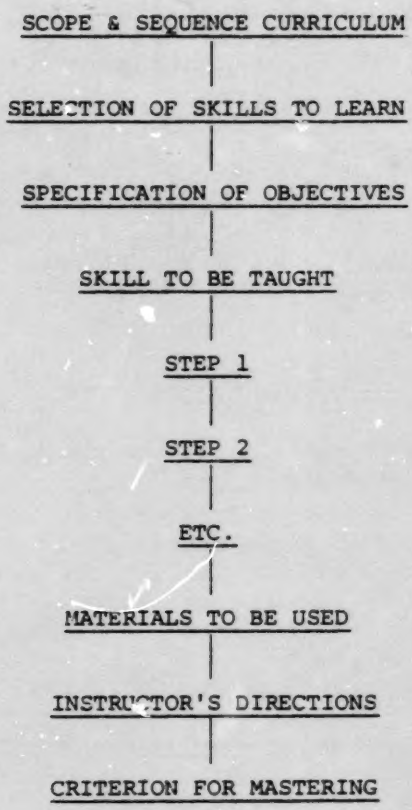
3. Definitions
   a. Single word meanings.
   b. Multiple word meanings.

4. Pronunciation mastery.

5. Special usage skills
   a. Abbreviations.
   b. Plurals.
   c. Homonyms, etc.

TASK ANALYSIS INSTRUCTIONAL METHOD

FLOW CHART



2. Life Skills Training Program

This program is conducted by the R&D Training Institutes, Inc., particularly for the older adolescent. The program trains on how to get a job, getting a job, keeping a job, and moving to independent living. The basic program is essentially as follows:

5.0 Core Training Program - All clients will receive this training regardless of whether other training (i.e., tutorial assistance) is employed. This Life Skills Training program has four levels. This portion of the program is conducted by the R&D Program Staff with on-going assessment by the Assessment Team. Timeframe - 360 hours (12 weeks).

5.1 Level I: Grooming and Attire - Creating a favorable first impression by being appropriately dressed and groomed for work, interviews and social situations, are stressed. Hair styling, skin care, make-up, body care and physical fitness all help the clients become aware of their physical selves. Clients engage in the purchase and maintenance of a wardrobe on a limited budget.

5.2 Level II: Attitudes, Values, Beliefs - Develop philosophy of positive thinking. Group role-playing designed to promote ability to express/receive criticism, feelings and other inter-personal communications common in work, training and personal relationships. Clients are trained to be accountable for their lives and responsible for positive/negative results that are a consequence of their actions. Clients are placed in structured leadership roles where they are responsible for others' performance as well as their own to further reinforce acceptable/appropriate behavior from a management perspective. This includes how to work together as they plan meals, class assignments, housekeeping and group activities.

5.3 Level III: Job Training-Job Placement - Identify job-related skills. Organize resume information into an understandable "story" easily related by clients. Video interview using clients' work history with commonly asked interview questions progresses toward clients' ability and confidence to present themselves and their qualifications in a composed, accurate manner to prospective employers. After proficiency has been demonstrated, the client is placed in a pre-employment job training section. Written and video manuals are used to show clients exactly what is expected of them PRIOR to their employment. The end result is the opportunity to be ahead of other job applicants competing for similar positions for possibly the first time in their personal work history. Finally, there is initial job placement with tracking to insure client job status remains steady.

5.4 Level IV: Independent Living - Training encompasses areas of financial planning, time management, home management including planning, purchasing and preparing food, finding appropriate housing, how to read utility bills, obtaining credit, and securing reliable transportation. The independent living section is an on-going area of the program involving client follow-up of a 4-6 month duration following the service program.

5.5 Residential (Optional) - A residential program is an available option. The present residential program operates with fifteen two-bedroom apartments. Individuals can be in residence during the time of the entire training program, while on the initial job, on the job training and for a minimum of 4 months following long-range job placement. A housing data book will be used by obtaining independent quarters.

5.6 Tutorial Assistance - Tutorial services will be provided by utilizing an Intern program available through Arizona State University under the supervision of two professors from the University's Special Education Department. A specific remediation intervention plan will be designed for individuals who are functioning at a level which impedes their opportunity for transitional services and/or optimal employment.

5.7 Initial Job Placement - This activity will be conducted by the R&D Employment Counselor after receiving recommendations of the vocational evaluator and the Assessment Team. Job placement will be based on clients' performance in the Core Training Program and the Individualized Education Training Program and the Individualized Education Training and Employment Plan. The R&D job bank service will be expanded to provide data on career ladder employment.

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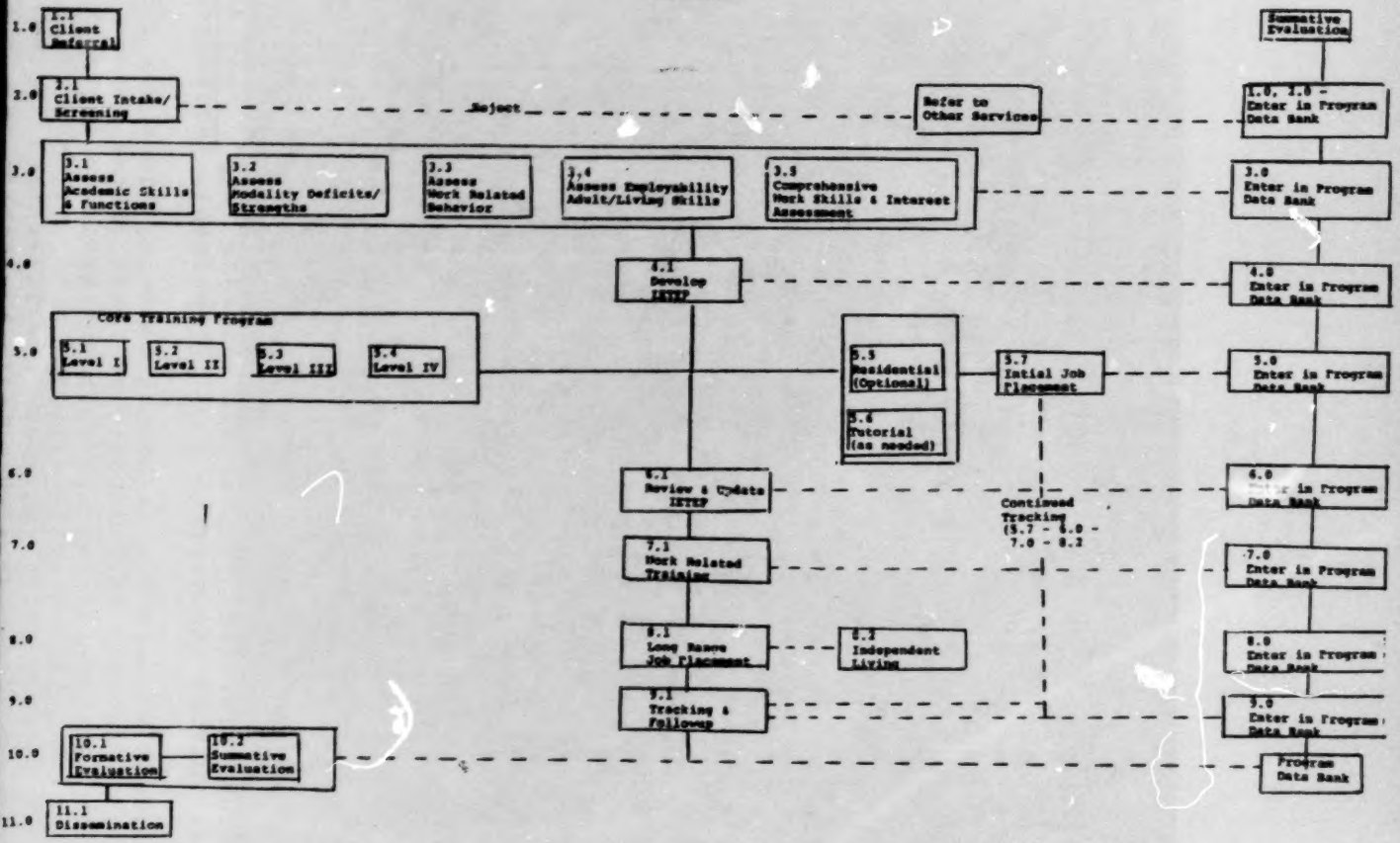
TABLE 1

COOPERATIVE PROGRAM
MODEL PROCESS



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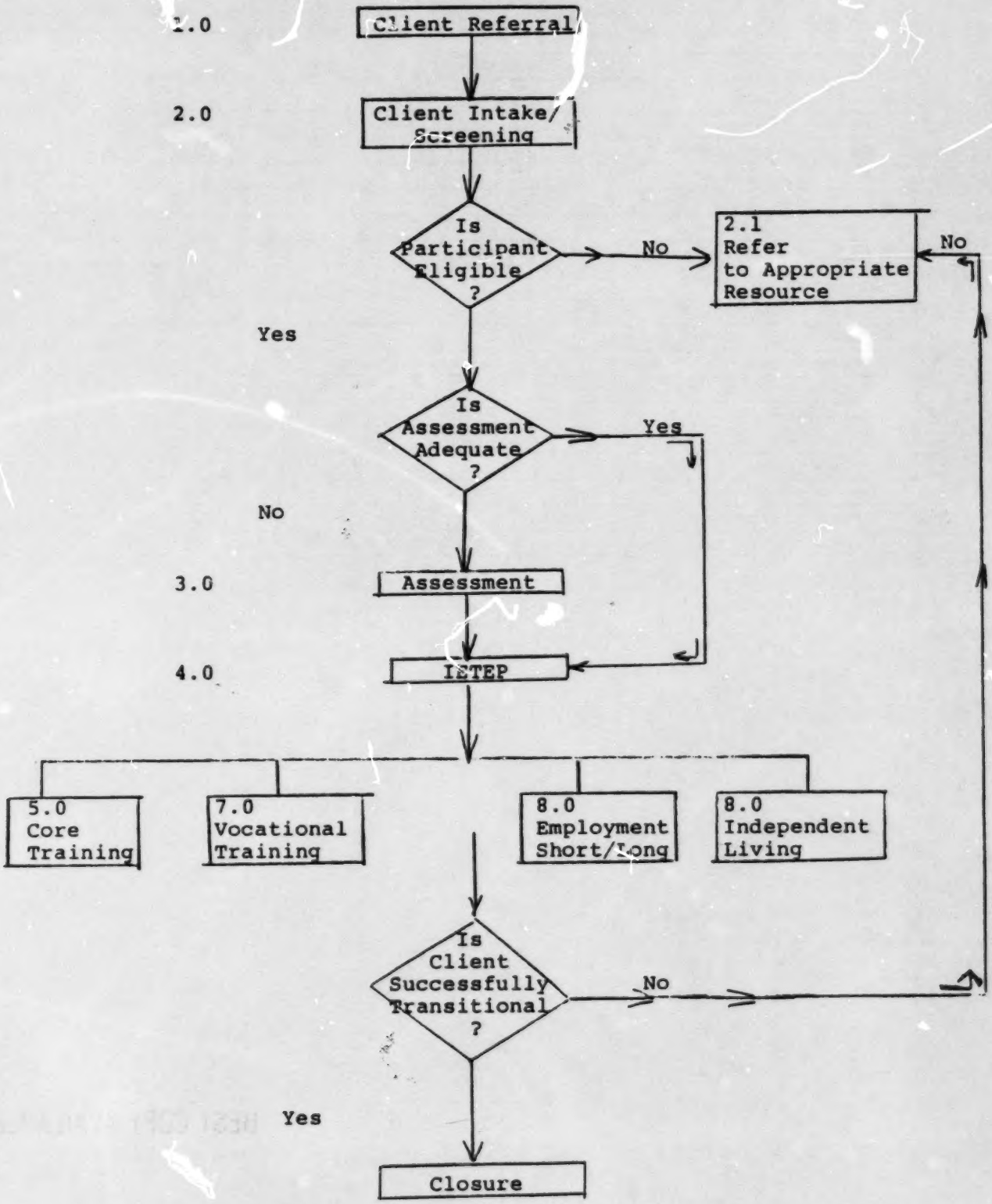
PARTICIPANT PROGRESS CHART



SLD IDENTIFICATION AID

OFFICE USE
Client No.
Study No.

NAME _____ DATE _____

INSTRUCTIONS: A good deal of information about a client is gained during the initial client interview. You should consider the possibility that the client may need to be evaluated for a learning disability if a significant number (5-6) of the following apply.

QUESTIONS	YES	NO
RELEVANT BACKGROUND FACTORS		
1. Did not complete high school?		
2. Repeated grade(s) in school?		
3. Extreme dislike of school?		
4. Recalls being in special programs?		
5. Other family members had difficulty in school?		
6. "High risk" medical factors such as difficult birth, prematurity, high fevers during infancy, head injury?		
OBSERVABLE BEHAVIORS		
7. Restless, easily distracted?		
8. Responds inappropriately to questions?		
9. Difficulty expressing thoughts and recalling names of familiar people or objects?		
10. Doesn't listen well; needs frequent repetition?		
11. Confusion and forgetfulness about time, dates or sequences (such as months of the year?)		
12. Extremely poor writing?		
13. Difficulty with left-right orientation?		
14. Evidence of poor self-image such as excessive self-criticism?		
15. Reads poorly or not at all?		
16. Reverses letters (such as b-d, p-q) or transposes numbers or letters (such as 21 for 12 or sw for was)?		

Some of the above observations can be made by asking the applicant to read and follow directions from a card, which asks him/her to write his/her name, current address, birthdate, highest grade completed, and last school attended.

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SLD BEHAVIOR CHECKLIST*

OFFICE USE
Client No.
Study No.

NAME _____ DATE _____

INSTRUCTIONS: Ask the client the following questions and have him/her state if the response is —

NO, NOT AT ALL; YES, JUST A LITTLE; YES, PRETTY MUCH; or YES, VERY MUCH

Hand the client the reminder card in order to help him/her remember the four possible answers.

QUESTIONS	Not at all	Just a little	Pretty much	Very much
AUDITORY COMPENSATION				
1. Do you have problems following spoken directions?				
2. Do you have problems remembering what you heard?				
SPOKEN LANGUAGE				
3. Do you have problems telling a story so that people understand?				
4. Do you have problems recalling the exact word you want to use?				
5. Do you have problems remembering the names of people or things?				
ORIENTATION				
6. Do you lose track of time?				
7. Do you have problems keeping to a schedule?				
8. Do you get lost?				
9. Do you have problems judging distances?				
10. Do you have problems judging weights?				
11. Do you have problems concentrating on your work?				
MOTOR COORDINATION				
12. Do you have trouble walking?				
13. Do you have trouble running?				
14. Do you have trouble climbing?				
15. Do you have trouble playing sports?				
16. Do you have trouble keeping your balance?				
17. Do you have trouble using hand tools?				
18. Do you have trouble writing so that people can read it?				
19. Do you have trouble seeing clearly?				
20. Do you have trouble drawing pictures?				
PERSONAL/SOCIAL BEHAVIORS				
21. Do you dislike your present job?				
22. Do you have problems keeping friends?				
23. Do you avoid social functions — parties, dances, etc.?				
24. Do other people have problems understanding you?				
25. Do you have problems understanding other people?				
26. Do others have problems getting along with you?				
27. Do you have problems getting all your work done?				
28. Do you make many mistakes?				
29. Do you need help from others?				
30. Do you get upset easily?				

*Questionnaire design by Pittsburgh Collaborative SLD Research Project (VRC/ACLD/OVR)

QUESTIONS	Not at all	Just a little	Pretty much	Very much
VISUAL COMPREHENSION				
31. Do you have problems remembering what you saw?				
32. Do you have problems reading a map?				
33. Do you have problems reading a newspaper?				
34. Do you have problems doing math?				
35. Do you have problems when someone shows you how to do something?				
36. Do you have problems using directions to put something together?				

COMMENTS: _____

School Records

Perhaps the single most significant and comprehensive source of historical information regarding the SLD client is available through school records. School records of SLD clients typically reveal the identification of learning problems early in the child's academic program, problems which persist throughout the school career. Accordingly, the vocational rehabilitation counselor should not overlook this valuable compendium of information. The counselor should request:

- A Complete Transcript from First Grade
- Results of Formal Testing
- Description of any Special Education Services Received
- Incidence of Behavior Problems

Once this information is obtained, the counselor should look for the following patterns.

- Lower performance on achievement tests than expected from IQ scores
- History of specific learning problems dating from first grade
- Placement in special education classes (if available)
- Behavioral notes indicating peer interaction problems (either aggressiveness or passivity)

While a differential diagnosis of SLD generally cannot be made from school records alone, a documentation of significant learning problems during early school years can help assess the impact of the client's disability on his/her functional development.

SLD MEDICAL HISTORY

OFFICE USE
Client No.
Study No.

NAME _____ DATE _____

INSTRUCTIONS: Ask the client the following questions and record the response in the appropriate column. Have the client explain any positive ("yes") response.

QUESTIONS	YES	NO
1. Are you presently under the care of a physician?		
2. Have you ever had any unusual illnesses or accidents?		
3. Do you have allergies to medication?		
4. Are you taking medication now?		
5. Have you taken medication in the past for a long period of time?		
6. Have you ever had surgery?		
7. Do you have asthma or other allergies?		
8. Have there ever been learning problems diagnosed within your family?		
9. Are there any physical problems which interfere with your routine activities (such as walking, climbing stairs, traveling, standing)?		
10. Do you have frequent or severe pains which interfere with your ability to work or study?		
11. Do you drink alcohol?		
12. Do you or does anyone close to you think that you drink too much?		
13. Have you lost work or school days because of drinking?		
14. Have you ever been arrested because of drinking?		
15. Have you ever used street drugs (uppers, downers, cocaine, amphetamines, heroin, frequent marijuana)?		

If yes to any answers, please explain _____

DO YOU HAVE A HISTORY OF?	Within the last week	Within the last 3 mo.	Prior to the last 3 mo.
Seizures, fits or convulsions			
Frequent or severe headaches			
Memory loss			
Fainting, passing out, or knocked unconscious			
Episodes of slurred speech			
Excessive tiredness or fatigue			
Excessive tension or anxiety			
Cold or sweaty hands			
Loss of control of urine			
Loss of control of bowels			
Poor balance or unsteady walking			
Head injury			
Dizziness			

If yes to any answers, please explain _____

LEARNING DISABILITIES AND THE EDUCATION FOR ALL HANDICAPPED CHILDREN ACT (PUBLIC LAW 94-142)

The Education for All Handicapped Children Act is more commonly referred to and called P.L. 94-142. It was enacted in the fall of 1975 and implemented in October 1978. This law has been hailed as landmark legislation, a Mandate for Special Education.

The following are summarized definitions of the major components of this very complex and comprehensive law:

Purpose: The purpose of the Act is "to assure that all handicapped children have available to them, within time periods specified in the Act, a free appropriate public education which emphasizes special education and related services designed to meet their unique needs, to assure that the rights of handicapped children and their parents or guardians are protected, to assist States and localities to provide for the education of all handicapped children, and to assess and assure the effectiveness of efforts to educate handicapped children."

Handicapped Children: "Handicapped children means those children evaluated . . . as being mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, other health impaired, deaf-blind, multihandicapped, or as having specific learning disabilities, (and) who because of those impairments need special education and related services."

Public Agencies: Any State accepting federal funds under the Act must provide free appropriate public education to meet the educational needs of all handicapped children. Public agencies, of these states, who are involved or are required to provide educational programs to the handicapped include:
"(1) The State educational agency, (2) local educational agencies and intermediate educational units, (3) other State agencies and schools (i.e., schools for the deaf or blind), and (4) State correctional facilities."

Free Appropriate Public Education: The term "free appropriate public education" means special education and related services which are provided at public expense and without charge; meet the standards of the State educational agency; includes preschool, elementary, or secondary education in the State; and are provided in conformity with an individualized education program.

Special Education: "The term 'special education' means specially designed instruction, at no cost to the parent, to

meet the unique needs of a handicapped child, including classroom instruction in physical education, home instruction, and instruction in hospitals and institutions." ". . . The term also includes vocational education if it consists of specially designed instruction, at no cost to the parents, to meet the unique needs of a handicapped child."

Related Services: "The term 'related services' means transportation and such developmental, corrective, and other supportive services as are required to assist a handicapped child to benefit from special education and includes speech pathology and audiology, psychological services, physical and occupational therapy, recreation, early identification and assessment of disabilities in children, counseling services and medical services for diagnostic or evaluation purposes. The term also includes school health services, social work services in schools, and parent counseling and training."

Least Restrictive Environment: This term means "(1) to examine the maximum extent appropriate, handicapped children, including children in public or private institutions or care facilities are educated with children who are not handicapped, and (2) that special classes, separate schooling or other removal of handicapped children from the regular educational environment occurs only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily."

Individualized Education Plan (IEP): The individualized plan to ensure an appropriate education for the handicapped student is called the Individualized Education Plan (IEP). It is a written statement developed by a team which includes: (1) a representative of the public agency, other than the child's teacher; (2) the child's teacher; (3) one or both of the child's parents; (4) the child, when appropriate; and (5) other individuals at the discretion of the parent or the agency. The content of the IEP must include a statement of present levels of performance; a statement of goals and objectives; a statement of the specific special education and related services to be provided and the extent the child will participate in regular educational programs; projected dates of initiation and duration of services; and appropriate objective criteria and evaluation procedures for measuring progress.

Due Process Procedures for Parents and Children: The law contains a means by which parents have the right to an independent evaluation at public expense if the parent disagrees with an evaluation obtained by the public agency with the agency reserving the right to initiate a hearing to show the evaluation is appropriate. The parent must be given written notice before the public agency proposes to change the indentification, evaluation or educational placement of the child. Parental consent

must be obtained before conducting a preplacement evaluation and initial placement of a handicapped child in a program providing special education and related services. This part of the law delineates the method that a parent or a public agency may initiate a hearing on any matter relating to prior notice re identification, evaluation, placement and/or matters relating to consent.

ADDITIONAL PROCEDURES FOR EVALUATING SPECIFIC LEARNING DISABILITIES

"Additional team members.

"In evaluating a child suspected of having a specific learning disability, in addition to the requirements of Sec. 121a.-532, each public agency shall include on the multidisciplinary evaluation team:

(a)(1) The child's regular teacher; or

(2) If the child does not have a regular teacher; a regular classroom teacher qualified to teach a child of his or her age; or

(3) For a child of less than school age, an individual qualified by the State educational agency to teach a child of his or her age; and

(b) At least one person qualified to conduct individual diagnostic examinations of children, such as a school psychologist, speech-language pathologist, or remedial reading teacher."

"Criteria for determining the existence of a specific learning disability.

(a) A team may determine that a child has a specific learning disability if:

(1) The child does not achieve commensurate with his or her age and ability levels in one or more of the areas listed in paragraph (a)(2) of this section, when provided with learning experiences appropriate for the child's age and ability levels; and

(2) The team finds that a child has a severe discrepancy between achievement and intellectual ability in one or more of the following areas:

(i) Oral expression;

(ii) Listening comprehension;

(iii) Written expression;

(iv) Basic reading skill;

(v) Reading comprehension;

(vi) Mathematics calculation; or

(vii) Mathematics reasoning.

(b) The team may not identify a child as having a specific learning disability if the severe discrepancy between ability and achievement is primarily the result of:

(1) A visual, hearing, or motor handicap;
(2) Mental retardation
(3) Emotional disturbance; or
(4) Environmental, cultural or economic disadvantage."

"Observation.

(a) At least one team member other than the child's regular teacher shall observe the child's academic performance in the regular classroom setting.
(b) In the case of a child of less than school age or out of school, a team member shall observe the child in an environment appropriate for a child of that age."

"Written report.

(a) The team shall prepare a written report of the results of the evaluation.
(b) The report must include a statement of:
(1) Whether the child has a specific learning disability;
(2) The basis for making the determination;
(3) The relevant behavior noted during the observation of the child;
(4) The relationship of that behavior to the child's academic functioning;
(5) The educationally relevant medical findings, if any;
(6) Whether there is a severe discrepancy between achievement and ability which is not correctable without special education and related services; and
(7) The determination of the team concerning the effects of environmental, cultural, or economic disadvantage.
(c) Each team member shall certify in writing whether the report reflects his or her conclusion. If it does not reflect his or her conclusion, the team member must submit a separate statement presenting his or her conclusions."

LEARNING DISABILITIES AND THE JUVENILE JUSTICE ACT AND AMENDMENTS[1]

The Juvenile Justice and Delinquency Prevention Act (JJ Act) was enacted in 1974 to provide a comprehensive, coordinated approach to the problems of juvenile delinquency and for other purposes.

The purpose of the Act was:

1. to provide for evaluation of federally assisted juvenile delinquency programs;

2. to provide technical assistance to develop and implement programs on juvenile delinquency;

3. to establish training programs for professionals and volunteers who work with these youths;

4. to establish a centralized research effort and a means to disseminate research and data on the subject;

5. to develop national standards for the administration of juvenile justice;

6. to assist state and local communities to keep students in schools;

7. to establish a federal assistance program to deal with the problems of runaway youth; and

8. to assist state and local governments in removing juveniles from jails and lockups for adults.

The Act created an Office of Juvenile Justice and Delinquency Prevention with an administrator appointed by the President. The Administrator is responsible for administering the provisions of the Act.

The Act established, as an independent organization in the Executive Branch of the Federal Government, a Coordinating

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[1]The Juvenile Justice and Delinquency Prevention Act was enacted in 1974. However, it has been amended by the Crime Control Act of 1976 (P.L. 94-503); Juvenile Justice Amendments of 1977 (P.L. 95-115); Juvenile Justice Amendments of 1980 (P.L. 96-509); and The Juvenile Justice, Runaway Youth and Missing Children Act Amendments of 1984 (P.L. 98-473).

Council on Juvenile Justice and Delinquency Prevention. The membership is comprised of individuals, many at Cabinet level, who exercise significant decision-making authority in the respective Federal agencies they represent. The Council is chaired by the U. S. Attorney General and includes the Secretaries of Education, Labor and Health and Human Services. Their function is to coordinate all Federal juvenile delinquency programs. The Council's Number One agenda item this past year was "Schools and Delinquency", with a special consideration of the implications of juveniles with learning disabilities as an at-risk group of adolescents for becoming involved in delinquent activity.

The Act provides for a National Advisory Committee for Juvenile Justice and Delinquency Prevention. This committee is appointed by the President and are members who have special knowledge concerning the prevention and treatment of juvenile delinquency. It is recommended that one member should have special knowledge in learning disabilities.

The Act under Title II has formula grants monies for States Assistance Grants and grants monies for Special Emphasis Prevention and Treatment Programs. The Administrator is authorized to make grants to states and local governments and to public and private agencies, organizations, institutions or individuals. These grants monies are for a wide spectrum of programs. Due to the ACLD-R&D Project: A Study Investigating the Link Between Learning Disabilities and Juvenile Delinquency, Congress added an amendment in 1977 and 1980 to both these parts of the Act. The Amendment reads: "The Administrator is authorized to make grants . . . to develop and implement programs relating to juvenile delinquency and learning disabilities, including on-the-job training programs to assist law enforcement personnel and juvenile justice personnel to more effectively recognize and provide for learning disabled and other handicapped juveniles . . ."

The Act provides for a National Institute for Juvenile Justice and Delinquency Prevention (NIJJDP) to be established within the Juvenile Justice Office. The NIJJDP has some extemely important functions. They serve as an information bank; conduct and coordinate research as well as program development, demonstration and evaluation; develop, conduct and provide for training programs for personnel and volunteers who work with juveniles and juvenile offenders; and are responsible for the development of standards for juvenile justice.

The Act is up for reauthorization and amendment in 1984. The current trend indicates that Congress is most supportive of the Reauthorization of the Act since it has proven so effective.

Key items in the Juvenile Justice Act and its Amendments which impact on learning disabled youths are:

1. Recognition and acknowledgment of needs for those juveniles with learning disabilities and other handicapping conditions.

2. Special Ed and Rehab Services Director (Assistant Secretary of Education) serve as a member on the Federal Coordinating Council for Juvenile Justice.

3. All state Juvenile Justice Advisory Councils have representation from the special education discipline.

4. Provision and allocation of monies for funding training of juvenile justice personnel to recognize and provide programs for those with learning disabilities and other handicapping conditions.

5. Develop, implement, and support, in conjunction with the Secretary of Labor, other public and private agencies and organizations and business and industry programs for youth employment

6. Improve the juvenile justice system to conform to standards of due process.

7. Develop and support programs designed to encourage and enable state legislatures to consider and further the purposes of this Act.

8. Develop and implement programs relating to juvenile delinquency and learning disabilities.